

EXPRESS MAIL NO. EV336656454US

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 700135.430
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 09/872,539		Filed June 1, 2001
For METHOD AND SYSTEM FOR COMMUNICATING AN INFORMATION PACKET AND IDENTIFYING A DATA STRUCTURE		
Art Unit 2154		Examiner Mohammad A. Siddiqi

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number <u>19-1090</u> . I have enclosed a duplicate copy of this sheet.		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

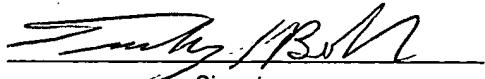
I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration No. 47,435

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____


Signature

November 1, 2005

Timothy L. Boller

Date

Typed or printed name

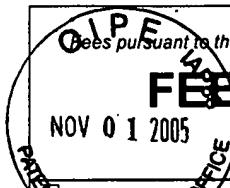
206-622-4900

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Bills pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

NOV 01 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$450)**

Complete if Known	
Application Number	09/872,539
Filing Date	June 1, 2001
First Named Inventor	Mitchell T. Berg
Examiner Name	Mohammad A. Siddiqi
Art Unit	2154
Attorney Docket No.	700135.430

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other (please identify): _____

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

		Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)			50	25
Each independent claim over 3 (including Reissues)			200	100
Multiple dependent claims			360	180

Total Claims		Extra Claims	Fee (\$)	Multiple Dependent Claims	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
44	-20 or HP = 0	X	=	—	—

HP = highest number of total claims paid for, if greater than 20

Total Claims		Extra Claims	Fee (\$)	Multiple Dependent Claims	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
4	-3 or HP = 0	X	=	—	—

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	-100 =	/50 = (round up to a whole number)	x	—

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		—
Other (e.g., late filing surcharge): 2 month extension of time		450

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,435	Telephone	206-622-4900
Name (Print/Type)	Timothy L. Boller		Date	November 1, 2005	